FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	(See instructions)		Office use only
NAME OF COMMITTEE (in	full) (Check if name is changed)	Example: If typying, type over the lines	12FE4M5
New Jersey F	irst		
ADDRESS (number and	street)	<u>"i </u>	
(Check if add is changed)	PO Box 200597 Newark		NJ
COMMITTEE'S E-MA		ITY▲	STATE▲ ZIP CODE ▲
pnichols@njd	ems.org		
COMMITTEE'S WEB	PAGE ADDRESS (URL)		'
1			
1			
	NUMBER .		
COMMITTEE'S FAX	T L L L		
2. DATE 0 .1	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
3. FEC IDENTIFICATION NUMBER C C00391458			
4. IS THIS STATEM	MENT NEW (N) OR	X AMENDED (A)	
I certify that I have exam	ined this Statement and to the best of my knowle	edge and belief it is true, correct ar	nd complete
Type or Print Name of	Treasurer Vincent Rigolosi		
Signature of Treasure	Electronically Filed by Vincent Rigo	olosi	Date 01 / 31 / 2007
NOTE: Submission of fa	alse, erroneous, or incomplete information may su		•
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	